

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

34196

1. PLACE OF DEATH

92 County St. Charles  
4 Township St. Charles  
8 City St. Charles (No. St. Joseph's Hospital)

Registration District No. 157  
Primary Registration District No. 3036

File No. \_\_\_\_\_  
Registered No. 174  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1203 Avenue St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 11-1932

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
1 8 24

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Woodriver (STATE OR COUNTRY) Ill.

13. NAME B. O. Williams

14. BIRTHPLACE (CITY OR TOWN) Vergennes (STATE OR COUNTRY) Illinois

15. MAIDEN NAME Bertha Williams

16. BIRTHPLACE (CITY OR TOWN) Ramsey (STATE OR COUNTRY) Ill.

17. INFORMANT \* B. O. Williams (ADDRESS) 1203 Avenue St. Charles

18. BURIAL, CREMATION, OR REMOVAL PLACE Valdavia Ill. DATE Oct 7 1933

19. UNDERTAKER H. G. Williams & Sons Co. (ADDRESS) 800 N. 2nd St. St. Charles Mo.

20. FILED 10/7 1933 Clarence H. Hessler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 5 1933

22. I HEREBY CERTIFY, That I attended deceased from Sept. 28 1933 to October 5 1933

I last saw him alive on October 5 1933 Death is said to have occurred on the date stated above, at 10:35 P. M.

The principal cause of death and related causes of importance were as follows:

Tubercular Meningitis Date of onset 9/28/33

IIA

Other contributory causes of importance 4

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 19\_\_\_\_  
Where did injury occur? \_\_\_\_\_ (Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury \_\_\_\_\_  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) B. L. Neuberger M. D.  
(Address) St. Charles, Mo.

